Foster Family Home - Corrective Action Report 1-170063 Provider ID: 1-170063 Review ID: Home Name: Giliane Dupra, NA Reviewer: 94-437 Hiapaiole Loop Carrie Wakai Waipahu, HI 96701 End Date: 11/27/2017 Begin Date: 11/27/2017 [17-1454-6] **Required Certificate Foster Family Home** Comply with all applicable requirements in this chapter; and 6.(d)(1)Comment: 6(d)(1) Home visit made for a new 2 bed certification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 1 year 2 bed certification.

Compliance Manager

Compliance Manager

Date

112717

Primary Care Giver